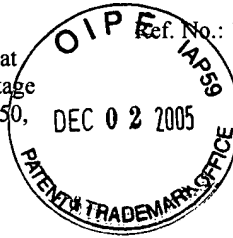


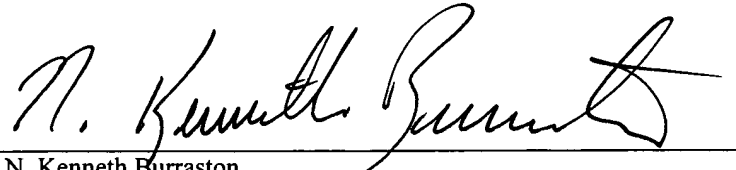
**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at (571) 273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 30, 2005

  
Erin Cowles



Ref. No.: 12439.0029

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b>  |            | Docket Number (Optional) P197-US |                 |  |            |                         |  |   |       |      |                 |  |       |       |    |  |        |       |    |   |        |       |    |   |        |        |    |
|--|------------|----------------------------------|-----------------|--|------------|-------------------------|--|---|-------|------|-----------------|--|-------|-------|----|--|--------|-------|----|---|--------|-------|----|---|--------|--------|----|
| Application Number: 10/690,170   |            | Filed: October 21, 2003          |                 |  |            |                         |  |   |       |      |                 |  |       |       |    |  |        |       |    |   |        |       |    |   |        |        |    |
| For: Wireless Test System  |            |                                  |                 |  |            |                         |  |   |       |      |                 |  |       |       |    |  |        |       |    |   |        |       |    |   |        |        |    |
| Art Unit: 2829   |            | Examiner: Tung X. Nguyen         |                 |  |            |                         |  |   |       |      |                 |  |       |       |    |  |        |       |    |   |        |       |    |   |        |        |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate for below):</p> <table><thead><tr><th></th><th><u>Fee</u></th><th colspan="2"><u>Small Entity Fee</u></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td><u>\$120.00</u></td></tr><tr><td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check that includes the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0843</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor<br/><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)<br/><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,481</u><br/><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration Number <u>39,481</u></p> <p><br/>N. Kenneth Burraston</p> <p>November 30, 2005<br/>Date<br/>(801) 323-5934<br/>Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |            |                                  |                 |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | <u>\$120.00</u> | <input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | <input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>          |                 |  |            |                         |  |   |       |      |                 |  |       |       |    |  |        |       |    |   |        |       |    |   |        |        |    |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60                             | <u>\$120.00</u> |  |            |                         |  |   |       |      |                 |  |       |       |    |  |        |       |    |   |        |       |    |   |        |        |    |
| <input type="checkbox"/> Two month (37 CFR 1.17(a)(2))   | \$450      | \$225                            | \$              |  |            |                         |  |   |       |      |                 |  |       |       |    |  |        |       |    |   |        |       |    |   |        |        |    |
| <input type="checkbox"/> Three month (37 CFR 1.17(a)(3))   | \$1020     | \$510                            | \$              |  |            |                         |  |   |       |      |                 |  |       |       |    |  |        |       |    |   |        |       |    |   |        |        |    |
| <input type="checkbox"/> Four month (37 CFR 1.17(a)(4))  | \$1590     | \$795                            | \$              |  |            |                         |  |   |       |      |                 |  |       |       |    |  |        |       |    |   |        |       |    |   |        |        |    |
| <input type="checkbox"/> Five month (37 CFR 1.17(a)(5))  | \$2160     | \$1080                           | \$              |  |            |                         |  |   |       |      |                 |  |       |       |    |  |        |       |    |   |        |       |    |   |        |        |    |

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